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MAR 26 2004

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29177 7590 12/23/2003

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Renee Street

(Depositor's name)

(Signature)

March 23, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,695	11/09/2001	Wolfgang Drews	112740-370	2980

TITLE OF INVENTION: OPTICAL SWITCHING MATRIX

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WOOD, KEVIN S	2874	385-024000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bell Boyd & Lloyd LLC

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Aktiengesellschaft

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent);

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4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 02-1818 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

March 23, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/29/2004 HUUONG2 00000125 09990695

01 FC:1504

02 FC:1501

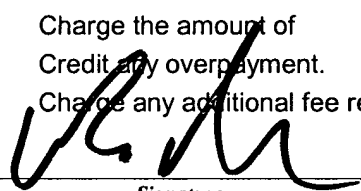

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) 37 C.F.R. 1.311				Docket No. 112746-370
Applicant(s): Wolfgang Drews MAR 26 2004				
Serial No. 09/990,695	Filing Date Nov. 9, 2001	Examiner Wood	Group Art Unit 2874	Confirmation No. 2980
Invention: OPTICAL SWITCHING NETWORK				
<u>Mail Stop Issue Fee</u> <u>TO THE COMMISSIONER FOR PATENTS</u> <u>P.O. Box 1450</u> <u>Alexandria, VA 22313-1450</u>				
Transmitted herewith are the following for the above-identified application.				
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85				
<input checked="" type="checkbox"/> Utility Fee: <u>\$ 1330.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____				
<input checked="" type="checkbox"/> Publication Fee: <u>\$ 300.00</u>				
<input checked="" type="checkbox"/> A check in the amount of <u>\$1,636.00</u> is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-1818</u> as described below.				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Charge the amount of</div><div><input checked="" type="checkbox"/> Credit any overpayment.</div></div>				
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge any additional fee required.</div><div></div></div>				
<div style="text-align: center;">_____ <i>Signature</i></div> <p>William E. Vaughan (Reg. No. 39,056) Bell Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690 (312) 807-4292</p>			Dated: March 23, 2004	
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